



SPECIAL EVENT PERMIT APPLICATION

TYPE OR PRINT ALL INFORMATION

EVENT:	Date(s) Requested: _____		Day(s): Mon Tue Wed Thu Fri Sat Sun	
	Name/Title of Event: _____			
	Location: Describe <u>specific location</u> , include a drawing/detailed map to include area used, entry and exits (if enclosed), parking, structure locations, bleachers, canopies, fences, displays concessions, etc. <input type="checkbox"/> See additional attachments			
	Description of Event (in detail) _____ <input type="checkbox"/> See additional attachments			
	Admission fee/registration charged to participants? <input type="checkbox"/> Yes; amount _____ <input type="checkbox"/> No			
	Set up to start at (date & time): _____		Event start time: _____	
	Event end time: _____		Cleanup completed (date & time): _____	
	Person in charge (day of event): _____			
	Home/office phone: _____		Cell phone: _____	
	Estimated daily attendance: _____		Estimated total attendance: _____	
APPLICANT:	Organization(s): _____		Phone: _____	
	Contact person: _____		Day phone: _____	
	Email: _____		Fax: _____	
	Mailing address: _____			
	Non-profit org? <input type="checkbox"/> No <input type="checkbox"/> Yes; ID number _____			

Applicant declares all information submitted on this application is true and accurate. Applicant will immediately notify the Office of Communications of any additions or changes that arise after application is submitted. Changes could result in denial or revocation of permit. On behalf of the above organizations(s) and all members thereof, applicant agrees to abide by all policies, procedures and instructions set forth or provided by the City of Chula Vista, its staff, officers and designated agents; and will also comply with all relevant local, state and federal regulations.

Applicant's Signature

Date

Office of Communications Use Only

- ☐ Application conditionally approved pending: ☐ Insurance documents ☐ Fees/Deposits ☐ _____
☐ Application fully approved
☐ Application denied; reason: _____

EVENT NAME/TITLE _____ **REQUESTED DATE(S)** _____

EVENT ELEMENTS: Indicate with Y/N in the left column, whether your event will include any of the following elements

YES/ NO	TYPE OF ACTIVITY	CITY DEPT	YES/ NO	TYPE OF ACTIVITY	CITY DEPT
	Alcohol <input type="checkbox"/> beer <input type="checkbox"/> wine <input type="checkbox"/> spirits/mixed drinks	8, 10		Live animals	1, 8, 10, 13
	Special lighting	1, 9, 13		Shuttle buses/mass transportation	8, 11
	Amplified music/sound	1, 8, 9, 10, 13		Parade on city streets/in public right-of-way	All
	Barbecue/open flame	5, 13		Casino games/bingo/drawing/lottery	4, 8
	Car show	5, 8, 13		Food/beverage preparation/service/vendors	5, 8, 13
	Carnival (attach detailed description)	All		Retail sales booth(s)	1, 4
	Circus (attach detailed description)	All		Trade/craft show	1, 4, 8, 13
	Live performance/concert (attach details)	4, 8, 10, 13		Tents/canopies (attach details listing quantities & sizes)	5
	Public dance	8		Scaffolding/temporary structures (e.g. stages)	1, 5, 8, 10, 13
	Use of venue dumpsters/trash receptacles	13, 15		Private security	8
	Dunk tank	10, 13		Posting of signs/promotional banners/etc.	1, 7, 9
	Electrical generators	1, 9, 10		Skydivers/hot air balloons/aerial activities	8, 10
	Exclusive use of city parking lot (attach details)	1, 2, 8		Solicitation of funds	4, 8
	Fencing	5, 8, 13		Street closures (attach detailed descriptions & maps)	3, 5, 8, 10, 11
	Fireworks/pyrotechnics/lasers/rockets etc.	5, 8		Race; type: _____	8, 10
	Portable restrooms	13		Media coverage	12
	Vehicles driven/parked in parks	5, 8, 13		Other _____	
	Inflatables (jumps, etc.)	10, 13		Other _____	

CITY SERVICES REQUESTED/REQUIRED: Indicate with Y/N in the left column, whether you require/request any of the following city services. *Note: Fees may be charged for city services.*

YES/ NO	TYPE OF SERVICE	CITY DEPT	YES/ NO	TYPE OF SERVICE	CITY DEPT
	Electrical hookup to City/venue power sources	9		First aid on site	5
	Additional trash services/receptacles	13, 15		Special park maintenance svcs. (attach details)	13
	Street sweeping	5, 8, 15		Other _____	
	Use of City park/recreation field/shelter/building	6, 8, 13		Other _____	
	Traffic control by Police (required for any street closure)	3, 8, 11		Other _____	
	Crowd control/security by Police	3, 5, 8, 10, 11		Other _____	

DEPT. KEY

1 BUILDING	5 FIRE DEPT	9 PW OPERATIONS	13 PW PARK OPS/ MAINTENANCE
2 COMMUNITY DEVELOPMENT	6 RECREATION	10 RISK MANAGEMENT	14 PW STREET MAINTENANCE
3 TRANSIT	7 PLANNING	11 TRAFFIC ENGINEERING	15 RECYCLING/CONSERVATION
4 FINANCE	8 POLICE DEPT.	12 OFFICE OF COMMUNICATIONS	16 OTHER _____

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Applicant's Signature

Date

Return completed Special Event Application form, plus any additional attachments & information to:

City of Chula Vista - Office of Communications • 276 Fourth Avenue, Chula Vista CA 91910 • Tel: 619-691-5296 Fax: 619-409-5448
Forms must be submitted at least 45 days prior to event start date. Incomplete forms will not be processed.



GROUP/ORGANIZATION

WAIVER AND RELEASE OF LIABILITY

ORGANIZATION/GROUP NAME: _____

EVENT NAME: _____

EVENT DATE: _____

ON BEHALF OF THE ABOVE ORGANIZATION/GROUP, I expressly **WAIVE, RELEASE** and **DISCHARGE** the City of Chula Vista, its officers, agents, and employees or any other person from any and all **LIABILITY** for any death, disability, personal injury, property damage, property theft or actions, including any alleged or actual negligent act or omissions, regardless of whether such act or omission is active or passive which may accrue to myself or members of my organization/group or our heirs in connection with our participation in the above-described event. I fully understand and acknowledge that the CITY OF CHULA VISTA is relying on my representation that I have authorization to sign this document and that I will provide all members of my group a completed copy of this Waiver prior to our participation.

I expressly **INDEMNIFY AND HOLD HARMLESS** the City of Chula Vista, its elected and appointed officers, agents and employees from any and all liabilities or claims made by me or my organization/group, my/our heirs and any other individuals or entities as a result of any of my/our actions in connection with my/our participation in this event except for those claims arising from the sole negligence or sole willful conduct of the City, its officers, employees, volunteers or other representatives. Such indemnification includes liability settlements, damage awards, costs and attorney fees associated with any such claims.

I hereby certify that I have read this document, understand its content, and am authorized to sign this document on behalf of all members of the group I represent.

DATE: _____

SIGNATURE _____

NAME: _____
(Please Print)

TITLE: _____

ADDRESS: _____

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